

<b>SOLICITATION, OFFER, AND AWARD</b> <b>(Construction, Alteration, or Repair)</b>	1. SOLICITATION NO.	2. TYPE OF SOLICITATION	3. DATE ISSUED	PAGE OF PAGES
	GS-04P-15-EX-C-0131	<input type="checkbox"/> SEALED B/D (IFB) <input checked="" type="checkbox"/> NEGOTIATED (RFP)		1 3

**IMPORTANT** - The "offer" section on the reverse must be fully completed by offeror.

4. CONTRACT NO.	5. REQUISITION/PURCHASE REQUEST NO.	6. PROJECT NO.
	4PSISC-14-0211	
7. ISSUED BY	CODE	8. ADDRESS OFFER TO
GSA, PBS, ACQUISITION DIVISION SMALL PROJECTS BRANCH (4PQP) 77 FORSYTH STREET, ROOM T8 ATLANTA GA 30303	EX000	4PQ ACQUISITION DIVISION MARTIN LUTHER KING FB 77 FORSYTH STREET, ROOM T8 ATLANTA GA 30303
9. FOR INFORMATION CALL:	a. NAME	b. TELEPHONE NO. (Include area code) (NO COLLECT CALLS)
	Dequilla Burnett	404-331-4639 dequilla.burnett@gsa.gov

### SOLICITATION

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid and "bidder".

10. THE GOVERNMENT REQUIRES PERFORMANCE OF THE WORK DESCRIBED IN THESE DOCUMENTS (Title, identifying no., date)

See Attached

11. The contractor shall begin performance <u>1</u> calendar days and complete it within <u>30</u> calendar days after receiving <input type="checkbox"/> award, <input checked="" type="checkbox"/> notice to proceed. This performance period is <input checked="" type="checkbox"/> mandatory <input type="checkbox"/> negotiable. (See _____ ).	
12a. THE CONTRACTOR MUST FURNISH ANY REQUIRED PERFORMANCE AND PAYMENT BONDS? (If "YES", indicate within how many calendar days after award in Item 12b.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12b. CALENDAR DAYS
13. ADDITIONAL SOLICITATION REQUIREMENTS:	
a. Sealed offers in original and <u>1</u> copies to perform the work required are due at the place specified in Item 8 by <u>3:00 PM ET</u> (hour) local time <u>MAR 18, 2015</u> (date). If this is a sealed bid solicitation, offers will be publicly opened at that time. Sealed envelopes containing offers shall be marked to show the offeror's name and address, the solicitation number, and the date and time offers are due.	
b. An offer guarantee <input type="checkbox"/> is, <input checked="" type="checkbox"/> is not required.	
c. All offers are subject to the (1) work requirements, and (2) other provisions and clauses incorporated in the solicitation in full text or by reference.	
d. Offers providing less than <u>60</u> calendar days for Government acceptance after the date offers are due will not be considered and will be rejected.	

## OFFER (Must be fully completed by offeror)

14. NAME AND ADDRESS OF OFFEROR (Include ZIP Code)

BUILT RIGHT CONSTRUCTION  
1524 ASHLEY RIVER RD.  
CHARLESTON, SC 29407

15. TELEPHONE NO. (Include area code)

16. REMITTANCE ADDRESS (Include only if different than Item 14.)

BUILT RIGHT CONSTRUCTION  
PO Box 1534  
MT. PLEASANT, SC 29465

CODE

FACILITY CODE

17. The offeror agrees to perform the work required at the prices specified below in strict accordance with the terms of this solicitation, if this offer is accepted by the Government in writing within 90 calendar days after the date offers are due. (Insert any number equal to or greater than the minimum requirement stated in Item 13d. Failure to insert any number means the offeror accepts the minimum in Item 13d.)

AMOUNTS

18. The offeror agrees to furnish any required performance and payment bonds.

## 19. ACKNOWLEDGMENT OF AMENDMENTS

(The offeror acknowledges receipt of amendments to the solicitation -- give number and date of each)

AMENDMENT NO.											
DATE.											

20a. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)

20b. SIGNATURE

20c. OFFER DATE

CHRIS PELLETIER / PRESIDENT

(b) (6)

03/18/2015

AWARD (To be completed by Government)

21. ITEMS ACCEPTED:

22. AMOUNT

23. ACCOUNTING AND APPROPRIATION DATA

24. SUBMIT INVOICES TO ADDRESS SHOWN IN  
(4 copies unless otherwise specified)

ITEM

25. OTHER THAN FULL AND OPEN COMPETITION PURSUANT TO

☐ 10 U.S.C. 2304(c) ( )☐ 41 U.S.C. 253(c) ( )

26. ADMINISTERED BY

27. PAYMENT WILL BE MADE BY

## CONTRACTING OFFICER WILL COMPLETE ITEM 28 OR 29 AS APPLICABLE

☐ 28. NEGOTIATED AGREEMENT (Contractor is required to sign this document and return \_\_\_\_\_ copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all work requirements identified on this form and any continuation sheets for line consideration stated in this contract. The rights and obligations of the parties to this contract shall be governed by (a) the contract award, (b) the solicitation, and (c) the clauses, representations, certifications, and specifications incorporated by reference in or attached to this contract.

☐ 29. AWARD (Contractor is not required to sign this document.) Your offer on this solicitation is hereby accepted as to the items listed. This award consummates the contract, which consists of (a) the Government solicitation and your offer, and (b) this contract award. No further contractual document is necessary.

30a. NAME AND TITLE OF CONTRACTOR OR PERSON AUTHORIZED TO SIGN  
(Type or print)

31a. NAME OF CONTRACTING OFFICER (Type or print)

30b. SIGNATURE

30c. DATE

31b. UNITED STATES OF AMERICA

31c. DATE

BY

**SCHEDULE Continued**

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	<p>SOLICITATION NO. GS-04P-15-EX-C-0131</p> <p>PROJECT TITLE Refinish Wood Benches  Josiah House Courthouse Annex, Charleston SC  The Contracting Officer is: Dequilla Burnett  dequilla.burnett@gsa.gov (404) 331-4639  The Project Manager is Connie Biggs,  connie.biggs@gsa.gov (843) 727-4233</p> <p>CONTRACTOR SHALL PROVIDE ALL LABOR,  MATERIALS, EQUIPMENT AND SUPERVISION TO  REFINISH AND REPAIR DAMAGED AREAS OF  WOOD</p> <p>The period of performance is 30 calendar days after  issuance of NTP.</p> <p>Certificate of Insurance - Successful Offeror will  be required to submit a Certificate of Insurance in  accordance with FAR Clause 52.228.5 within 10 days of  NTP</p> <p>THE PURPOSE OF THIS SOLICITATION IS TO  REFINISH BENCHES LOCATED IN COURTROOMS  4, 5, &amp; 6 AND THEIR ATTENDANT PUBLIC AREA  BENCHES IN ACCORDANCE WITH THE SCOPE  OF WORK DATED AUGUST 27, 2014, JOSIAH  HOUSE FEDERAL COURTHOUSE LOCATED IN  CHARLESTON, SC.</p> <p>GENERAL INFORMATION:</p> <p>Estimated Construction Cost Range:  \$10,000 to \$40,000</p> <p>Basis for award: Price only</p> <p>Liquidated Damages will not be required.</p> <p>Applicable Davis Bacon General Decision Number:  SC1500300 01/02/2015</p> <p>DELIVERY DATE: 11/28/2014  SHIP TO:  85-87 BROAD ST  CHARLESTON SC 29401-2202  FOB : Destination</p>	1.00	LS	<del>\$38,589.00</del>	<del>\$38,589.00</del>

# BUILT RIGHT CONSTRUCTION

1524 ASHLEY RIVER RD.  
CHARLESTON, SC. 29407

GSA SOLICITATION, GS-04P-15-EX-C-0131

PURCHASE REQUEST, 4PS1SC-14-0211

## CONTRACTOR COST BREAKDOWN

PROTECTIVE MATERIALS - (PROPERTY PROTECTION)	\$1,620
PERSONAL PROTECTIVE DEVICES	\$1,130
MATERIALS	\$3,160
TOOLS & EQUIPMENT	\$1,900
LABOR	\$23,780
SUPERVISION	\$3,400
PROFIT	<u>\$3,599</u>
TOTAL	\$38,589

(b) (6)

3-18-2015

DATE



1524 ASHLEY RIVER RD. CHARLESTON, SOUTH CAROLINA 29407  
WWW.BRCSC.COM



BUILRIG-01

PLENGEL

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/27/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Anderson Insurance Associates, LLC 3491 Shelby Ray Court Charleston, SC 29414	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (843) 763-7525	<b>FAX (A/C, No):</b> (843) 763-7529
<b>INSURED</b>  Built Right Construction LLC 1524 Ashley River Road Charleston, SC 29407	<b>E-MAIL ADDRESS:</b> companymail@alasc.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Builders Mutual Insurance Co.	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		
<b>NAIC #</b> 10844		

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		CPP 0066433 01	10/10/2015	10/10/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED RETENTION \$			UMB 0031479 01	10/10/2015	10/10/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		WCP 1038041 02	10/10/2015	10/10/2016	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

GSA, Public Buildings Service  
Acquisition Division  
77 Forsyth Street, Terrace Level  
Atlanta, GA 30303

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(b) (6)